

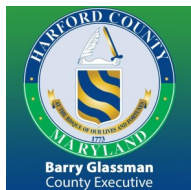
Our camp goals are to have fun and to learn the skills necessary to enjoy the game of volleyball throughout a lifetime.

The camp is geared toward players of any age and skill level; beginning players and those with high school and/or JO experience will find a challenging atmosphere to become better.

Regardless of beginning skill level, abilities and training are specific. This principle may suggest that there is no better training than actually performing in the sport.

Our drills and progressions are like the game of volleyball and always have appropriate feedback, which in turn creates the best environment for transfer to the actual sport.

*Depending on the total number of campers, players may be split into 2 different groups **Tuesday thru Friday** based on skill level and/or experience. This will allow greater competition at the higher level and more personalized coaching at the beginning level. Every effort will be made to provide the most positive and rewarding learning environment regards of skill group.



Barry Glassman

Harford County Executive

*Preserving Harford's Past;
Promoting Harford's Future*



Coach Cullison has directed the Varsity Women's Volleyball program at the John Carroll School for the past 29 years.

Coach Cullison began his coaching career as the Junior Varsity coach at State College Area Sr. High during his junior and senior years at Penn State, after learning the game from renowned PSU coaches Dr. Tom Tait and Russ Rose. Prior to John Carroll, Coach Cullison served as the varsity volleyball coach at Keystone Oaks (PA) for two years and Union City (PA) for one season.

Under his guidance, the Patriots have won 5 IAAM conference championships since joining the private school league in 2002. Prior to that, the Patriots won 2 Harford County Championships while competing against local teams such as Bel Air, Fallston and C. Milton Wright. The Patriots have many alumni who have gone on to compete at the elite Division I, D2, D3, and junior college levels. Several now coach at the college, club or high school level.

Coach Cullison enjoys attending college volleyball matches to cheer on former players. He remains a lifelong student of volleyball and has attended coaching clinics presented by former USA National Olympic team coaches Carl McGown and Marv Dumphrey with Gold Medal Squared Volleyball as well as Ross Rose's Penn State Coaches Clinic.

**Registration
Now Open**

Summer Volleyball Camp Aug. 1 – 5 2016

For Boys and Girls
Ages 10+



9:00 a.m. - 12:00 noon
*10 am - 1 pm

Churchville Recreation Center
111 Glenville Road
Churchville, MD 21028

Registration

Camp Fee - \$150

Each additional family member \$120

To register, complete the registration form in entirety, enclose a deposit of \$50 per camper payable to Gregory Cullison.

The remaining balance is due on the first day of the camp.

**Volleyball Camp
c/o Greg Cullison
1337 Artists Lane
Bel Air, MD 21015**

Phone (443)255-2070

Email: nrg.volleyball@yahoo.com

Refund Policy

A full refund of your deposit is granted if the camp is cancelled due to lack of enrollment, camp is full or your plans change before camp begins.

Release & Waiver of Legal Liability for NRG Camps

For a child to be eligible to participate in any NRG camp, his/her legal guardian(s) must attest that the participant is physically fit for athletic competition and that the guardian consents to such participation. While rules, equipment, and personal discipline reduce risks, the risk of physical injury does still exist. This release is intended to be as broad and inclusive as permitted by the laws of the State of Maryland.

I/We, the parent(s)/legal guardian(s) of **(Camper Name)** _____, age _____, recognize and acknowledge the risks of physical injury, including paralysis and death, and medical cost which may be sustained as a result of participating in athletic activities.

Medical Care

I grant my permission to Gregory Cullison and his coaches the right to authorize any paramedic, registered nurse, licensed physician, or dentist, and/or other licensed, certified, or trained medical personnel to provide to the above-named camp participant any and all emergency and general medical care which is found to be necessary or advisable for any illness or injury in the event that I/We, or the designated representative, cannot be reached. I hereby authorize and request that any and all medical records relative to the above-named camp participant's medical condition or treatment at any time be released to the requesting paramedic, registered nurse, licensed physician, or dentist, and/or other licensed, certified or trained medical personnel. I hereby agree to hold harmless Gregory Cullison and his agents from liability arising out of an accident situation. The Maryland Good Samaritan law will apply. I hereby agree to pay for any and all expenditures required for the proper care of the above-named camp participants. I understand that Gregory Cullison does not assume any responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of illness or injury.

Parental Consent and Waiver

I/We grant our consent for the above named camp participant to participate in this camp. I/We, for myself/ourselves and for the above named camp participant, hereby indemnify and hold harmless Gregory Cullison, any and all participating employees, agents, volunteers, officers, athletic trainers, coaches, sponsors, or advertisers of Churchville Recreation Council, Harford County Parks and Recreation or Harford County, Maryland, a politic of the State of Maryland, and their respective board members, members, officers, agents, employees, independent contractors, participants, volunteers and referees, responsible for injuries received while participating in this program or for any liability for all claims, demands, and rights of action arising out of any, disability, death, or loss and/or damage to person or property which may occur as a result of his/her participation. By signing below I/We acknowledge that I/We have carefully read, understand and agree to be bound to the above.

Parent/Legal guardian _____ Date _____
Parent/Legal guardian _____ Date _____

Emergency Information

Medical History (if pertinent)* _____
Insurance Co. _____ Policy # _____
Address _____ City _____ State _____ Zip Code _____
Phone _____
Parent/Legal guardian _____
Address _____ City _____ State _____ Zip Code _____
Phone (H) _____ (W) _____ (cell) _____ Email: _____

*Allergies, present medications, special considerations

I understand that information on YOUTH SPORTS CONCUSSION AND HEAD INJURIES is available at <http://www.cdc.gov/headsup/youthsports/index.html> and information on Sudden Cardiac Awareness can be found at <http://www.nhlbi.nih.gov/health/health-topics/topics/scda>.

Parent/Guardian Signature: _____ **Date:** _____